



Friends of Science in Medicine

Newsletter 22 - 30 August 2019

WHAT'S NEW SINCE OUR LAST NEWSLETTER?

The power of one!



Geraldine Moses

With a focus on drug interactions for both prescription drugs and ‘complementary medicines’ (CMs), Geraldine Moses AM *BPharm DClinPharm AdvPracPharm* has become one of Australia’s highest profile clinical pharmacists. A former ABC radio broadcaster and popular speaker, both nationally and abroad, Geraldine’s recent publication ‘[What’s in complementary medicines?](#)’ triggered widespread general media interest.

Her article raised concerns about the poor regulation of CMs and recommended that product names and formulations be documented in patients’ medication history rather than just the active ingredient, so that a comprehensive assessment could be made of the product’s potential for adverse effects and drug interactions.

Geraldine has long held an interest in the double standards that consumers apply with CMs. “They expect conventional medicines to be safe, effective and affordable, but happily allow complementary medicines to have questionable efficacy, ignored safety and be very costly”. Her desire to help consumers learn more about their medications led to her work in the establishment of three drug information help lines for the general public: the Queensland Medication Helpline (1995-2001), the NPS Medicines Line (2001-2010). and the NPS Adverse Medicine Events Line (2002-2012). The latter two have moved to Sydney and operate under the auspices of NPS MedicinesWise.

More about Geraldine:

She is a Fellow of the [Pharmaceutical Society of Australia](#), Fellow of the [Australian College of Pharmacy](#), and honorary Lifetime Member of [NPS MedicinesWise](#). She is a Consultant Medicines Information Pharmacist at the Mater Hospital (Brisbane,) an Adjunct Associate Professor in the School of Pharmacy, University of Queensland and a consultant to organisations including the Australian and New Zealand Dental Associations, the Department of Veterans Affairs and NPS MedicinesWise. Geraldine was made a Member of the Order of Australia “for significant service to medicine and the community as a pharmacist, particularly through advisory and educational roles, for her work in pharmacy education and as a director for PharmEducation through which she provides medicine-related continuing education to a wide range of health professionals in the community.”

FSM congratulates Geraldine on her outstanding work and her well-deserved recognition.

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PO Box 631, Morayfield, QLD, 4506



Message from the FSM President

Our Monash University Whack-a-mole project is underway once again for Biomedical Science students.

Following an introductory lecture, students work in small groups to select a complementary medicine being advertised to the public with potentially dubious claims. Their task is to critically appraise the claims against the scientific literature and regulatory requirements, write a report and make a video of their findings. In previous years, a number of these reports have been used to put in formal complaints about the advertising documented.



Ken Harvey



Why is the project called Whack-a-mole? Because regrettably, under the current regulatory system, no sooner is the advertising of one product ‘whacked’ then similar promotion pops up again, either with a slightly reformulated product or by other products making similar claims.

For example, on 20 September 2018 a complaint resulting from a student report (AC-8ZECEICA/201) was submitted to the TGA about a 14-day Smart Cleanse Program.

The advertisement claimed that their ‘liver tonic’ containing Silybum marianum, “eliminated intestinal parasites”. Our complaint alleged that this claim lacked an evidence base. On 24 October 2018 the TGA noted that this complaint would proceed to an investigation, with a categorisation of ‘medium’.

Ten months later, there is still no outcome about this complaint on the TGA web site. However, the web site complained about: <https://smartcleanse.com.au/> continues to promote a now reformulated liver tonic (ARTG: 291021) and still claims it contains, “herbs to eliminate intestinal parasites”.

This year, the Whack-a-mole project will also help us assess whether the TGA’s new regulatory system is better than the old one.

From 1 July 2018 the previous Complaint Resolution Panel (CRP) was abolished; the TGA took over the advertising complaint system and were provided with stronger investigative, compliance and enforcement powers for non-compliant advertising.

TGA assessed statement

Evidence for the approved indications has been assessed by the TGA

On 1 January 2019 a new, legally enforceable Therapeutic Goods Advertising Code (No. 2) 2018 came into force, although the TGA kindly offered industry ‘enforcement discretion’, especially for the first 6-months of 2019.

Other regulatory changes included mandating the use of a controversial permitted indication (claims) list to reduce advertising creativity (which also usefully eliminated the word ‘may’ from claims). This commenced on 6 March 2018, but the TGA has given industry 3 years to implement it.

Also, from 27 March 2018, a new AUST L(A) category of ‘assessed listed’ medicine was introduced. Unlike current AUST L medicines, AUST L(A) medicines will have had their health claims assessed for efficacy by the TGA and be designated with the following symbol and a statement to assist consumer choice.

However, to my knowledge, only one product is currently in the TGA pipeline for assessment and none has yet been ‘approved’. I have been told that many in the industry don’t want to submit AUST L(A) product applications. Why? They are worried they will show up the rest of their products that haven’t had their claims ‘TGA assessed’!

TGA assessed symbol





Natural Therapies Review Expert Advisory Panel: 2019-20

On 7 April 2019, the Minister for Health [announced an updated review of natural therapies](#). The review will be led by the Australian Government Chief Medical Officer (CMO), Professor Brendan Murphy, and be supported by the Natural Therapies Review Expert Advisory Panel (NTREAP). NTREAP membership will be determined by the CMO based on the nominations received. The report will provide recommendations on whether to re-include any of the 16 natural therapies excluded from Private Health Insurance (PHI) benefits under complying private health insurance products by the 2014-15 review. It will assess any additional evidence of their clinical effectiveness published since the 2014-15 review, or high-quality evidence not included in the 2014-15 review, to be assessed by the National Health and Medical Research Council (NHMRC), including evidence identified by, or submitted to, Panel members.



Brendan Murphy

It is proposed the review will be conducted in two tranches:

- * Tranche one: Naturopathy, Western Herbalism, Yoga, Tai Chi, Pilates and Shiatsu; and
- * Tranche two: Alexander Technique, Aromatherapy, Bowen Therapy, Feldenkrais, Homeopathy, Iridology, Kinesiology, Reflexology and Rolfing.

FSM has nominated our President, Assoc Prof Ken Harvey, for membership of NTRAC and provided the following comments:

1. To be comparable with the 2015 review, FSM argues that, in addition to assessing clinical effectiveness, the quality and safety of these alleged 'therapies' must also be assessed.

The 2015 review noted the difficulty of evaluating the effectiveness, quality and safety of practitioners with varied training who employed diverse diagnostic and therapeutic interventions.

For example, people calling themselves naturopaths, an unprotected title, might have undertaken a weekend course, an on-line course, a certificate or a four-year university course. These courses teach subjects lacking an evidence base, e.g. homeopathy, flower essences and iridology. Other areas, such as western herbalism, are also dubious because of the wide variety of traditional formulations used for various conditions, many of which lack scientific validation. Herbal medicines are often considered safe, but drug interactions and toxicity, including catastrophic hepatic injury, have occurred with their use.

While natural health practitioners might give useful dietary and lifestyle advice, they might also use discredited or dubious laboratory tests to justify unnecessary or harmful interventions. Membership of a professional organisation (which are many and varied) does not guarantee evidence-based practice. The lack of regulation in naturopathic education has resulted in significant adverse outcomes. Finally, a 2019 paper by Myers et al. purporting to show the effectiveness of naturopathic medicine, fails to address the above concerns about Australian practitioners and has been heavily criticised.

2. Other practices, such as yoga, tai chi and Pilates, can improve mobility, physical function, quality of life and minimise symptoms and/or ameliorate chronic disease. However, FSM is unaware that these practices are any more effective than supervised gym activities, weight training, swimming and regular walking.
3. Greater government clarity is needed about the purpose and rationale of PHI. For example, if there is good evidence that exercise has health benefits, why should people who can afford extra PHI have some modalities subsidised, whereas those who cannot have to pay the full price? Is this fair or equitable? While this is beyond the scope of this review, this issue is fundamental.



FSM in the Media

Pharmacies, universities, miracle pills, food labelling, IV 'wellness' drips and concerns about the World Health Organization are some of the topics the FSM Executive was interviewed about or published about since the last newsletter.

Inappropriate pharmacy practices were raised. Following a complaint to the Therapeutic Goods Administration by our President, Dr Ken Harvey, [‘myDNA’ withdrew its pharmacy assistant rewards program](#). Personal incentives had included the chance to win gift cards up to \$1,000 for sales.



Ian Carr, FSM's Pharmacy Facilitator, and FSM's Consultant Professor John Dwyer also expressed concerns about the [professionalism of pharmacists](#) who are breaching the Pharmaceutical Board Code of Conduct by selling unproven, natural and complementary 'medicines'. Selling these goods in pharmacies lends them [an air of legitimacy](#).



Praise was given to the [University of Technology, Sydney, for cancelling its Chinese Medicine Degree](#). There is little evidence to back up any health claims for Chinese Medicine, including for acupuncture. Dr Harvey commented "It's a historical tradition

that pre-dated the scientific era,"

The [University of Sydney was forced to retract its claim](#) that eating elderberries could minimise the symptoms of the flu, as there is no evidence to support any such claims.



[The World Health Organization's \(WHO\) decision to recognise diagnoses provided by 'traditional medicine' for over 400 conditions has proved most controversial](#). FSM Consultant Professor Alistair



MacLennan raised concerns that traditional medicine "rarely has any scientific basis and is based on dangerous myths" and that "it is propagated by those with major financial interests in selling its false diagnostic and pseudo-therapeutic techniques".

Other news items referring to FSM and/or our Executive include:

- * [Food labelling: When is a medicine not a medicine?](#)
- * [Where food meets medicine: reform needed](#)
- * [NRL star Frank Winterstein's wife Taylor selling 'miracle powder' she claims cures illness for \\$150 a pop](#)
- * [Pharmacy Guild of Australia defends making \\$15,000 donation to One Nation](#)
- * [Science or not, IV 'wellness' drips are booming](#)
- * [Backlash to government's natural therapies rebate ban spurs new review](#)
- * [Government puts profits and votes before people's health](#)
- * [Everything you need to know about acupuncture: Does it really work?](#)
- * [Forum calls for greater protection on claims from complementary medicines](#)
- * [Health experts want 'wild' sports supplements to be regulated like cigarettes](#)
- * ['Reprehensible' prescribing to vulnerable patients](#)
- * [Stem cell therapy: the good, the bad and the ugly](#)
- * [John Dwyer—Failed regulation in health](#)
- * [Reform Calls: private health insurance at the crossroads](#)



Pharmacy and CAM

Column by Ian Carr

Mistaking deluded amateurs for experts will cause harm

As a community pharmacist of forty plus years' experience, I have had many opportunities to delve into the vast and eccentric realm that comprises the mind of the 'general populace'.



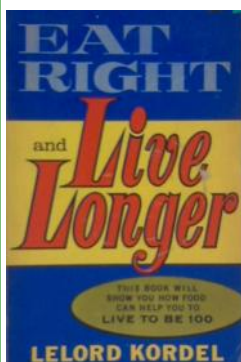
Ian Carr

It can be a scary place. I am certain that my science-based advice and interventions have saved a few from severe injury or death in cases where ignorance and quackery had trumped medical advice and commonsense.

One spectacular example involved a man who, having purchased a blood pressure monitor, returned it after 24 hours complaining that it must be faulty --- it squeezed his arm too tight. Alarm bells rang: "That's how the bloody things work," I muttered to myself.

My patient turned out to be in a hypertensive crisis. His son, a newly trained naturopath, had advised him to discard his antihypertensives in favour of a herbal concoction. Except for that fortuitous complaint about the BP machine, that son might have been planning a funeral.

I am thankful that I had the opportunity early in life to be a food faddist. I was about twelve when I sent away for a free book by US 'nutritionist', Lelord Kordel, entitled 'Eat Right and Live Longer'. Published in 1965, it recommended a high protein/low carb diet and was filled with much pseudoscience and misinformation. The hook was: his advice made certain we would live to 100.



I survived my momentary faddism, although my mother was concerned at one stage that I was heading for anorexia or orthorexia. I am grateful for the early insight into the value of science and scepticism and for being introduced by Kordel to the then-exotic food, yoghurt.

I recently googled the name to see what became of Lelord. He died in 2001 at 97 -- close to the 100 target. On the minus side, he did spend 1971 in jail for health fraud and much of his life battling regulatory authorities.

While Mr Kordel's dietary advice was relatively innocuous -- even if inaccurate -- the same cannot be said for the health guru Adelle Davis. Though trained in the 1930s in dietetics and other sciences, she sold millions of books falsely claiming them to be backed by medical research.

A cursory misreading by Ms Davis of a journal article tragically led her to publish a recommendation to give potassium chloride as a remedy for infant colic. A two-month old died as a direct result; others were hospitalised.

Ms Davis invoked science, but talked nonsense. Readers will enjoy the irony of her demise, quoted from *Quackwatch*: "Adelle Davis used to say that she never saw anyone get cancer who drank a quart of milk daily, as she did. She stopped saying that when she died of cancer in 1974, leaving behind her a trail of ten million books and a following that was large, devoted, and misinformed." (Dr Stephen Barrett)

Thankfully, resources like the [Quackwatch](#) and [What's The Harm](#) websites are a continuing testimony to the dangers of misplaced trust in complementary and alternative treatments.



Ian J Carr BPharm MPS, is the Pharmacist/Proprietor at Saxbys Pharmacy, Taree, NSW.



General Practice and CAM

Column by Dr Benson Riddle

Close-minded on Closed-mindedness



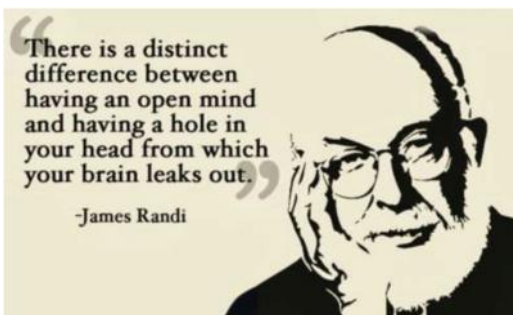
Dr Benson Riddle

As doctors, scientists and sceptics in general, we're commonly accused of being *closed-minded* by the proponents of pseudoscience who — according to themselves — are simply just more enlightened than us. But unpacking what the term really means is somewhat enlightening itself.

Merriam-Webster defines closed-minded as being “not willing to consider different ideas or opinions”; while Dictionary.com defines it as “having a mind firmly unreceptive to new ideas or arguments”. So how does this apply to two such contrasting approaches?

At the turn of the 20th century, the scientific establishment still had no real understanding of what gravity actually was, except that it somehow had to be consistent with Newtonian mechanics. That was until a new scientist with a new way of thinking theorised that gravity was in fact a consequence of curved space-time. A quite extraordinary proposition really, yet nonetheless ultimately accepted by a sceptical scientific community when the weight of experimental evidence became overwhelming. And in doing so, is the perfect example of how science is — by its very nature — a veritable poster child for open-mindedness. For if science is simply a systematic way of carefully observing nature and using logic to evaluate results, it follows that not only does it thrive on new ideas, but in fact wouldn't exist without them.

In contrast the form of *open-mindedness* proffered up by pseudoscientists seems to extend only so far as when their claims become challenged. There's seemingly no understanding of the concept of a burden of proof, nor of extraordinary claims requiring extraordinary evidence (as needed to occur with Einstein's theory of general relativity above). As the adage says, that which can be asserted without evidence can likewise be dismissed without evidence. Requiring evidence before accepting claims doesn't make one closed-minded; just as being open-minded enough to consider new ideas doesn't equate to having to accept them unconditionally.



Open-mindedness doesn't require a predisposition for “believing” in things. Nor should it require injudiciously accepting ideas uncritically. On the contrary, these in fact lay the foundations for closed-mindedness. Consider the acceptance of the supernatural in general, which ends up becoming an especially convenient explanation for the unexplainable. And once the unexplainable has been ‘explained’, there's no need at all for further enquiry. It

simply locks the mind off and throws away the key to any further enlightening or extraordinary evidence. Fortunately however, if not for science operating the way it does, we may still be condemning people for witchcraft rather than having an understanding of the *Claviceps purpurea* fungus-infected rye responsible for the inimitable symptoms of ergot poisoning.

So next time someone accuses you of being closed-minded for, say, not believing in telepathy, ask them if they can explain how their claim fits in with that of the experimentally validated Standard Model of particle physics. My guess is they likely won't have been *open-minded* enough themselves to have critically considered it in relation to one of the 20th century's other defining scientific discoveries.

Dr Benson Riddle is a general practitioner with an interest in preventive health and the use of technology in improving health care. He is a strong proponent of critical thinking and science-based medicine.



Nursing and CAM

Column by Tara De Koning

Earning CPD: Check the evidence!



Tara De Koning

CPD-accredited courses on acupressure and reflexology offered by the Australian College of Midwifery (ACM) suggest miracle treatments for pregnancy, labour and postnatal care. The courses, run by the Red Tent Health Centre, suggest that acupuncture can help with pregnancy, breastfeeding and women's health along with moxibustion. Claims on the website include:

"It's [moxibustion] great for really stubborn problems that aren't responding to acupuncture alone such as interstitial [*sic*] cystitis",

"Acupuncture and Chinese herbal medicine are effective in bringing your body back to health with a natural and drug-free approach" and

Kids "love it. It helps to strengthen their digestive system and their immune system"

The emotive language, backed by anecdotal testimonials, looks great at first glance and can convince consumers looking for alternative 'treatments'. But what about the evidence?



In 2018, FSM demonstrated that acupressure (associated with acupuncture) in all clinical areas, in particular in midwifery, has no valid evidence base. [Over 60 Cochrane Systematic Reviews](#) have failed to find robust evidence for clinically significant outcomes for acupuncture for any disease or disorder. The large majority of studies used poor methodology and were inconclusive and the remainder generated insufficient or weak evidence. What is concerning is the claim that acupuncture can treat high-risk or complicated pregnancy, situations where the outcome (if not managed properly) could be poor for both mother and baby.

Interestingly, the website also claims that Chinese medicines can treat 'symptoms' like asthma and eczema. Considering that these are illnesses, you might ask what illness are these 'symptoms' of?

In my experience as a children's nurse, I worked with a family whose child had severe eczema. The parents were using a Chinese herbal cream because they had concerns about the use of cortico-steroid creams. Interestingly a [study analysing Chinese herbal creams](#) for dermatological conditions found they can contain potent steroids. And a [2015 Cochrane systematic review](#) did not find conclusive



evidence that Chinese herbal 'medicines' taken by mouth or applied topically to the skin could reduce the severity of eczema in children or adults.



The website for the Red Tent Health Centre has been under review by AHPRA for breaching the National Law due to false and misleading claims related to 'Pulse and Tongue diagnostics', treatment claims, including rotating breech babies with moxibustion and for using testimonials

Tara de Koning has a Nurse Practitioner's Master's Degree and 18 years experience as a nurse She has worked as a Medical Writer at NPS MedicineWise and is now working as a freelance Medical Writer.



Therapeutic Goods Administration (TGA) and CAM

Column by Mal Vickers

The obesity epidemic, complementary medicines and the TGA

Smoking, drinking, overeating; we know we shouldn't, but many Australians continue to indulge in these unhealthy activities. In 1989, 34% of Australians were categorised as overweight and obese. [In 2018, that figure has increased to 67%](#). Obesity is a risk factor for heart disease, diabetes, cancer and other chronic diseases. It's estimated to [cost the economy \\$8.6 billion \(2011-12\)](#).

The Department of Health recognises the illness burden of chronic diseases, including obesity, on the Australian population. In response, we have the [National Strategic Framework for Chronic Conditions \(NSFCC\)](#). Has anyone heard of it?

The framework has noble goals to reduce the burden imposed by chronic diseases and contribute to billion-dollar savings in health care. But how committed to action are we?

Like any good government framework, the NSFCC includes a list of partners; those tasked with carrying out the NSFCC plan of action. As you might expect, it's partly the responsibility of the entire population of Australia; however the NSFCC specifically names 'industry' and 'all levels of government'. Keeping that in mind, let's turn to the question of how well the therapeutic goods industry and its regulator, the TGA, have responded to the obesity challenge.

The 'complementary medicines' industry states that weight loss products accounted, in 2018, for 8.7% of the total market, or [\\$430m million in sales](#). Concerns about shonky 'complementary medicine' weight loss products [were initially published in 2008](#). From 2008 to 2017, 22 complaints about the promotion of weight loss products were upheld by the now abolished Complaint Resolution Panel (CRP). However, as the CRP had no power to enforce its determinations, this promotion continued.



On 1 July 2008, the TGA took over the complaint system from the CRP and were provided with stronger investigative, compliance and enforcement powers. The same month, complaints about the ongoing non-compliant [advertising of Naturopathica FatBlaster products were submitted to the TGA](#). These complaints were allocated a TGA reference number but, over 12 months later, there is no outcome.

Meanwhile, the promotion of 'complementary medicine' weight loss products continues, invariably using imagery of slim, svelte bodies, despite this being in breach of the current [Therapeutic Goods Advertising Code](#).

So, what has the TGA done to eliminate shonky weight loss products as part of its NSFCC partnership role? Nothing, as far as I can tell!

Mal Vickers, Researcher, Monash University School of Public Health.



Mal Vickers

SPOTTERS WANTED!

Want to be a 'Public Health Activist'? The 'Whack-a-mole (WAM)' project needs your help! Developing university students in critical thinking, research and in understanding our regulatory system, this project needs more advertisements that may be making questionable therapeutic claims.



If you see any therapeutic goods or services making outrageous claims - don't get angry, get emailing! Send the links or copies of advertisements (and where and when they were published) to our CEO, at scienceinmedicine@bigpond.com.



Veterinary Medicine and CAM

Column by Tanya Stephens

Why believe in magic? The use of ineffective therapies has welfare and ethical implications

The use of ineffective ‘therapies’ on animals is an ethical and animal welfare issue. It is clearly unethical to offer and charge for something that doesn’t work and also clearly poor animal welfare to subject an animal to a worthless ‘therapy’.

Of course, ineffective and/or implausible ‘therapies’ are not confined to Complementary and Alternative Veterinary Medicine (CAVM). It is important to distinguish between unproven therapies and ones shown to be ineffective. Luckily science sorts this out – and so we move on.



Tanya Stephens

Not so with Complementary and Alternative Veterinary Medicine (CAVM), most of which is stuck in a time warp of pre-scientific belief systems.



There’s plenty of CAVM to choose from: homeopathy, Bach flower remedies, acupuncture (a branch of Traditional Chinese Medicine) herbal medicine, reiki, laser therapy, crystal healing, spiritual healing, chiropractic, animal reflexology... the list goes on. Each has its own jargon, but many share a belief in ‘vitalism’. This is the *Qi* of the acupuncturist, *vital-force* of the homeopath and the *innate intelligence* of the chiropractor.

Virtually all CAVM has been shown to be implausible/ineffective. Any ‘cure’ effected is the result of the animal getting better on its own (they sometimes do), the caregiver placebo effect, or – perhaps magic? But why believe in magic?

We might think that pet owners are disillusioned with everyday veterinary care and that a lack of scientific literacy has propelled them into the ‘warm embrace’ of ‘alternatives’. There’s actually not a great deal of evidence, despite what CAVM practitioners state, that owners are seeking CAVM in increasing numbers.

Rather, there is evidence that the demand is driven by vets incorporating CAVM into their practices. supported by and given credibility by veterinary associations and veterinary educational bodies.

CAVM relies on a non-scientific philosophy of ill-health, unsafe diagnostic methods, a poor evidence base, a risk of toxicity from the ‘medicines’ used. There are also major animal welfare and ecological concerns. Studies have found toxic ingredients and DNA of endangered animals such as pangolins and snow leopards in Traditional Chinese Medicines (TCM).



Veterinarians who have as their first priority the health and welfare of animals and who act as advocates for them should be the first professionals to shun, and certainly not embrace, any aspect of TCM, a major driver for the wildlife trade, with animal welfare concerns; from bear bile to the use of rhino horns; from decimation of the pangolin and ejiao made out of donkey skins.

The challenge is for veterinarians to counteract this pseudoscientific nonsense and to stop giving CAVM further credibility. What needs to happen is for the profession and regulators to make it more difficult for CAVM vets to operate and to ensure there is no further promotion. This starts with educators to ensure that CAVM is never taught at a veterinary school and that all veterinarians promote good ethics, good science and good animal welfare.

Tanya Stephens BVSc (USyd) MSc IAWEL (Edin) MANZCVS (Animal Welfare).



Sleep and CAM

Column by Hubertus Jersmann

Snoring – one simple fix! The Clippie. Who would have thought that!?



Hubertus Jersmann

Since Continuous Positive Air Pressure (CPAP) is not used for simple snoring, a reader might get the impression that this simple clip fixes obstructive sleep apnoea (OSA).

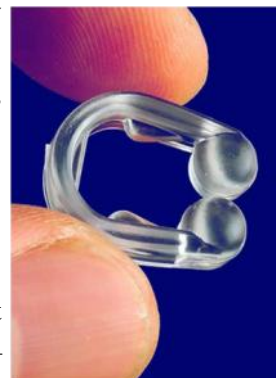
The headline: “Revolutionary new ‘Miracle Snoring Solution’ that major pharmaceutical companies DON'T want you to know about!” sounds rather exciting. Furthermore, they say it is a miracle. The one little caveat about this statement is that pharmaceutical companies do not really have any treatment for snoring, not even the ‘major’ ones. The ‘[Purch expert](#)’ website states “Tested & reviewed”, with no evidence of the former.

A smiling man in a white coat appears and looks confident: “With this device snoring does not stand a chance...”



PURCH EXPERT
CPAP Makers Scrambling After New Snoring Fix Unveiled

We finally are about to be told what fixes millions of snorers. A tiny soft silicon ring with inbuilt therapeutic magnets. Not simple magnets – therapeutic ones. We next get told that these magnets “are also beneficial, according to Traditional Tibetan Medicine. These help to stimulate the nose's sensory nerves and prevent it from falling out during sleep.” No link to verify that Tibetan medicine uses magnets in the nose is offered, let alone how they might actually work.



What's more is that some serious claims are made.

These include:

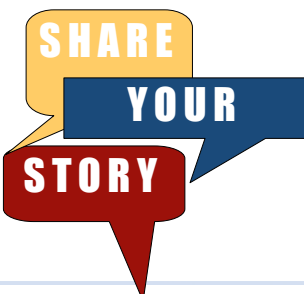
1. Tens of thousands of people have already used this little wonder to sleep better and more peacefully at night. And indeed - snoring can easily be combated with this method!
2. The *Clippie* gently widens the nostrils to reduce respiratory resistance in the nose
3. Reduces or stops snoring
4. Promotes better breathing

No attempt is made to back up any of these claims: no statistics, no evidence of any nasal resistance or nasal flow studies are provided. However, they do have a sketch as to how it might work.

Prof Hubertus Jersmann MD, PhD, Respiratory and Sleep Physician, Discipline of Medicine, University of Adelaide.



WIKILEAKS' FOR DODGY PHARMACY PRACTICES



Attention pharmacy worker!

To gather stories and data about how Complementary Medicines are being managed in Australian pharmacies today, FSM Pharmacy Facilitator, Ian Carr, has set up the email address pharmacy.CAM.leaks@gmail.com, where you can share your stories.



A SPECIAL REPORT FROM EDZARD ERNST

Wet cupping and dry humour

Cupping is a so-called alternative medicine ([SCAM](#)) that has existed in several ancient cultures. It recently became popular when US Olympic athletes displayed cupping marks on their bodies, and it was claimed that cupping is used for enhancing their physical performance. There are two distinct forms: dry and wet cupping.



[Wet cupping](#) involves scarring the skin with a sharp instrument and then applying a cup with a vacuum to suck blood from the wound. It can thus be seen (and was traditionally used) as a form of blood-letting. Wet cupping is being recommended by enthusiasts for a wide range of conditions. But does it work?



Edzard Ernst

This [study](#) compared the effects of wet-cupping therapy with conventional therapy on persistent non-specific low back pain (PNSLBP). In this randomized clinical trial, 180 participants with the mean age of 45 ± 10 years old, who had been suffering from PNSLBP were randomly assigned to wet-cupping or conventional treatment. The wet-cupping group was treated with two separate sessions (4 weeks in total) on the inter-scapular and sacrum area. In the conventional treatment group, patients were conservatively treated using rest (6 weeks) and oral medications (3 weeks). The primary and the secondary outcome were the quantity of disability using Oswestry Disability Index (ODI), and pain intensity using Visual Analogue Scale (VAS), respectively.

The results show that there was no significant difference in demographic characteristics (age, gender, and body mass index) between the two groups. Therapeutic effect of wet-cupping therapy was comparable to conventional treatment in the 1st month follow-up visits. The functional outcomes of wet-cupping at the 3rd and 6th month visits were significantly superior compared to the conventional treatment group. The final ODI scores in the wet-cupping and conventional groups were 16.7 ± 5.7 and 22.3 ± 4.5 , respectively ($P < 0.01$).

The authors concluded that *wet-cupping may be a proper method to decrease PNSLBP without any conventional treatment. The therapeutic effects of wet-cupping can be longer lasting than conventional therapy.*

Perhaps the authors were joking? In any case, their conclusions cannot be taken seriously. Why? There are several reasons, but the most obvious ones are:

1. there was no adequate control of the presumably substantial placebo effects of wet cupping, &
2. the control group received a treatment that is known to be ineffective or even detrimental

[For people with acute low back pain, advice to rest in bed is less effective than advice to stay active.](#) Thus comparing wet cupping to a control group treated with bed rest is bound to generate a false-positive outcome for wet cupping.



My final point is perhaps the most important: wet cupping can lead to serious complication, and I therefore do not recommend it to anyone – other than masochists, perhaps.



RECENT RELEVANT PUBLICATIONS BY FRIENDS

'The Bitter Pill' - Australasian Science

- * John Dwyer [Reflections on the Unexpected Depth of a Problem](#)
- * Bruce Campbell [CAM Laboratory Tests Fail Two Important Criteria](#)

Edzard Ernst

- * [My new book: ALTERNATIVE MEDICINE, A CRITICAL ASSESSMENT OF 150 MODALITIES.](#)
- * [Spain wants EU law changed that classifies homeopathy as medicine. HERE IS HOW YOU CAN HELP](#)
- * [The chiropractic workforce: a global review](#)
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